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## THE FIFTH INTERNATIONAL SANITARY CONFERENCE OF AMERICAN REPUBLICS.

HELD AT SANTIAGO DE CHILE, NOVEMBER 5-12, 1911.

Report by G. M. Guiteras, Surgeon, Public Health and Marine-Hospital Service.

Pursuant to a resolution adopted by the Fourth International Sanitary Conference of American Republics and to an official call issued by the International Sanitary Bureau of Washington, the Fifth International Sanitary Conference of American Republics was held in Santiago de Chile, Chile, from November 5 to 12, 1911.

On November 5 the inaugural session was held at the University of Chile, the President of the Republic, the ministers of state, and the diplomatic corps being present.

The first speaker was Dr. Rodríguez, the minister for foreign affairs, who greeted the delegates and recited the great advances made in the field of preventive medicine as a result of the international conferences previously held. He laid particular stress on the fact that these conferences were of value not only from the point of view of the hygienist, but also because they fostered a spirit of fraternity and good will among the American Republics.

The next speaker was Dr. Alejandro del Río, provisional president of the conference, who in a more technical style spoke on the same theme as the minister for foreign affairs. He emphasized especially the importance of local sanitation as a means to avoid quarantine restrictions, which at best, he claimed, were inefficient.

On the conclusion of the discourse of Dr. del Río the delegations of the different Governments represented were called upon, in alphabetical order, to make short addresses in answer to the greetings of the two previous speakers. The writer spoke for the American delegation.

The first business session of the conference was held at 10.30 a. m., November 6, under the provisional presidency of Dr. Alejandro del Río, the permanent president, Dr. Máximo Cienfuegos, elected at the previous conference, having died in the interim. By a unanimous vote Dr. del Río was elected permanent president and Dr. Ammunátegui, the temporary secretary, confirmed as permanent secretary. The chairman, then, with the approval of the conference, named Dr. Razetti of the Venezuelan delegation and Dr. Perry of the American delegation as assistant secretaries.

The following delegates were present at the first session of the conference:

- ARGENTINA.—Dr. Gregorio Araoz Alfaro and Dr. Fernando Alvarez.  
 BOLIVIA.—Dr. Claudio Sanginés.  
 BRAZIL.—Surg. Gen. Ismael da Rocha and Dr. Antonio Ferrari.  
 CHILE.—Dr. Alejandro del Río, Dr. Gregorio Ammunátegui, Dr. Octavio Maira, Hon. Paulino Alfonso, Dr. Luis Asta-Buruaga, Dr. Mamerto Cádiz, Dr. Lucio Córdova, Dr. Ramón Corbalán Melgarejo, Dr. Pedro Lautaro Ferrer, Dr. Eduardo Moore, Dr. Manuel Camilo Vial, Dr. Vicente Izquierdo, Dr. Roberto del Río, Dr. Roberto Dávila Boza, Dr. Francisco Landa, Dr. Alcibiades Vicencio, Dr. Eduardo G. Collao, Mr. Jorge C. Mackenna, C. E., Dr. Conrado Ríos, Dr. Ernesto Soza, Dr. Waldo S. Palma, Dr. Alberto Adiazola, Mr. Guillermo Illanes, C. E., Dr. Carlos Altamirano, Dr. Daniel Carvallo, Dr. Benjamín Manterola, Dr. Enrique Deformes.  
 COLOMBIA.—Dr. Alcibiades Vicencio.  
 CUBA.—Dr. Hugo Roberts.  
 ECUADOR.—Dr. Luis Felipe Conejo-Gómez.  
 UNITED STATES OF AMERICA.—Dr. Gregorio M. Guiteras and Dr. James C. Perry.  
 GUATEMALA.—Dr. Salvador Ortega and Dr. Julio Bianchi.  
 MEXICO.—Dr. Jesús Monjarás.  
 PANAMA.—Dr. Caupolicán Pardo Correa.  
 PARAGUAY.—Dr. Rogelio Urizar.  
 SALVADOR.—Dr. Juan R. Miranda.  
 URUGUAY.—Dr. Ernesto Fernández Espiro and Dr. Jaime H. Oliver.  
 VENEZUELA.—Dr. Pablo Acosta Ortiz and Dr. Luis Razetti.

The delegates from Costa Rica, the Dominican Republic, and Honduras presented their credentials on November 7, 8, and 9, respectively. They were as follows:

- COSTA RICO.—Dr. Fernando Iglesias.  
 DOMINICAN REPUBLIC.—Dr. José R. Campos and Dr. Tito Lizoni.  
 HONDURAS.—Dr. Valenzuela Valdéz.

In all there were 18 American Republics represented at the conference, a greater number than at any previous conference.

The following vice presidents were elected:

- Dr. Gregorio Araoz Alfaro (Argentina).  
 Dr. Claudio Sanginés (Bolivia).  
 Dr. Ismael da Rocha (Brazil).  
 Dr. Alcibiades Vicencio (Colombia).  
 Dr. Fernando Iglesias (Costa Rica).  
 Dr. Hugo Roberts (Cuba).  
 Dr. Tito V. Lizoni (Dominican Republic).  
 Dr. Luis Felipe Conejo-Gómez (Ecuador).  
 Dr. Gregorio M. Guiteras (United States of America).  
 Dr. Salvador Ortega (Guatemala).  
 Dr. Oscar Valenzuela Valdéz (Honduras).  
 Dr. Jesús Monjarás (Mexico).  
 Dr. Caupolicán Pardo Correa (Panama).  
 Dr. Rogelio Urizar (Paraguay).  
 Dr. Juan B. Miranda (Salvador).  
 Dr. Ernesto Fernández Espiro (Uruguay).  
 Dr. Pablo Acosta Ortiz (Venezuela).

The committees of the conference, as finally constituted, are as follows:

CREDENTIALS.—Mr. Paulino Alfonso and Drs. Vicente Izquierdo, Caupolicán Pardo Correa, Ramón Corbalán Melgarejo.

EXECUTIVE.—Drs. Alejandro del Río, Fernando Alvarez, Ismael da Rocha, G. M. Guiteras, Jesús Monjarás, Ernesto Fernández Espiro.

PLAGUE.—Drs. Antonio Ferrari, Pedro L. Ferrer, Luis F. Conejo-Gómez.

MALARIA AND YELLOW FEVER.—Drs. J. C. Perry, Hugo Roberts, Claudio Sanginés.

CHOLERA.—Drs. G. Araoz Alfaro, Luis Asta-Buruaga, G. M. Guiteras.

SANITATION OF CITIES.—Messrs. Jorge Calvo Mackenna and Guillermo Illanes (engineers), and Drs. Carlos Altamirano, Ricardo Dávila Boza, Eduardo García Collao Manuel Camilo Vial, Jaime H. Oliver.

PROPHYLAXIS OF ACUTE TRANSMISSIBLE DISEASES.—Drs. Francisco Landa, Pablo A. Ortiz, Alcibiades Vicencio, Juan B. Miranda, Fernando Iglesias.

PROPHYLAXIS OF CHRONIC TRANSMISSIBLE DISEASES.—Drs. Roberto del Río, Ernesto Soza, Salvador Ortega, Rogelio Urizar.

Beginning with the second day of the conference the program called for but one business session daily, from 2 to 4 p. m. Toward the close, however, it became evident that if the work of the conference was to be concluded in due time it would be necessary to increase the number and length of the sessions. A resolution was therefore adopted calling for two sessions daily, from 10 to 12 a. m., and from 2 to 4.30 p. m. Furthermore, the unlimited discussion of papers and reports was interdicted and only adverse criticism of the same permitted. Many important and interesting reports were read during the conference, and the animated discussions demonstrated the active interest of the delegates.

The actual work of the conference was performed in the executive committee, which also acted as a committee on resolutions. It discussed the papers and resolutions presented by the delegates and formulated the final resolutions to be adopted by the conference.

The International Sanitary Bureau of Washington was constituted as follows:

PRESIDENT.—Surg. Gen. Walter Wyman, United States of America.

MEMBERS.—Dr. Alejandro del Río, Chile; Dr. Hugo Roberts, Cuba; Dr. Oscar Dowling, United States of America; Dr. Salvador Ortega, Guatemala; Dr. Eduardo Licéaga, Mexico; Dr. Luis Razetti, Venezuela.

The International Sanitary Committee of Montevideo is as follows:

PRESIDENT.—Dr. Ernesto Fernández Espiro.

MEMBERS.—Dr. Joaquín de Salterain, and Dr. Julio Etchepare, secretary.

The members of the International Information Committees of the different Republics, as proposed by their respective delegations, are given below. Assurance was given by the delegates of the countries that do not appear on this list that their committees would be appointed as soon as possible, as they were not empowered to name them without consulting their respective Governments.

BOLIVIA.—Drs. Manuel Cuéllar, Elías Sagárnaga, and Enrique Aranbar.

CHILE.—Drs. R. Boza, Pedro L. Ferrer, and Lucio Cordova.

COSTA RICA.—Drs. Carlos Durán, Elías Rojas, and José M. Soto.

CUBA.—Drs. Juan Guitéras, Enrique B. Barnet, and Arístides Agramonte.

UNITED STATES OF AMERICA.—Drs. A. H. Glennan, J. W. Kerr, and John W. Trask.

GUATEMALA.—Drs. Salvador Ortega, Juan J. Ortega, and Julio Bianchi.

HONDURAS.—Drs. José M. Ochoa Velásquez, Ignacio Castro, and Juan Angel Arias.

NICARAGUA.—Drs. Luis Debayle, Rodolfo Espinosa, and Juan B. Sacoza.

MEXICO.—Drs. Eduardo Licéaga, Jesús Monjarás, and Nicolás Ramírez de Arellano.

PANAMA.—Drs. Luis Uriolla, Alfonso Preciado, and Agosto S. Boyd.

SALVADOR.—Drs. Tomás G. Palomo, Francisco Guevara, and Rafael B. Castro.

VENEZUELA.—Drs. Pablo Acosta Ortiz, Carlos Manuel de la Cavada, and Luis Razetti.

The resolutions adopted by the conference were as follows:

(1) *Resolved*, (a) That the appreciation of the conference be manifested to the Governments that have been represented.

(b) That in so far as possible delegates accredited to future conferences be hygienists, and particularly that they be citizens of the country they represent.

(c) To recommend that at least one of the delegates from each country be a sanitary officer of high rank, or one who has attended one or more previous conferences.

(2) *Resolved*, That the countries that have not been prompt in forwarding at regular intervals sanitary information to the International Sanitary Bureau of Washington and the International Information Bureau of Montevideo, respectively, be requested to

do so with regularity. Such reports to include (a) the demography of the chief cities and ports, (b) the status of contagious diseases.

(3) *Resolved*, That the International Sanitary Bureau of Washington make a study of all the resolutions presented to or adopted by this conference with the purpose of including in the program of the VIth conference the modifications of or amendments to the Washington Convention of 1905 which, in its opinion, should be made.

(4) *Resolved*, That the different governments be requested to organize complete and practical courses for the education of hygienists and that in future they insist on special requirements (diplomas, etc.), for those to be employed in sanitary work.

(5) *Resolved*, That all the Republics that are signatories to the Convention of Washington, comply with the provisions of the said convention.

(6) *Resolved*, To recommend that death-certificates be executed by physicians only, especially in cities and ports, with the object of improving the reports of vital statistics.

(7) *Resolved*, To recommend to the different governments the installation of state or government laboratories for the inspection of food products and beverages, entering through their respective customhouses.

(8) *Resolved*, To recommend that those countries where leprosy exists make an exact and detailed study of the number of lepers existing within their confines; that they establish colonies for their isolation and enact restrictive laws or ordinances with reference to this disease.

(9) *Resolved*, To recommend to the governments of the American Republics that they promote or facilitate investigations on the existence, frequency, and contagiousness of scleroma (rhino-scleroma).

(10) *Resolved*, That the regulation of prostitution in cities and especially in seaports, is recommended; said regulation to be in the hands of physicians especially prepared for this kind of work, the necessary examinations to be carried out in fully equipped dispensaries, and where possible, sufficient power conferred to confine in hospital those liable to transmit venereal diseases.

(11) *Resolved*, To recommend to the various governments the creation in their respective countries of a permanent tuberculosis commission. The International Sanitary Bureau of Washington will urge the establishment of such commissions through the ministers of the various republics resident in Washington. The several republics should also communicate with one another for the purpose of giving information as to the methods employed and the results obtained.

(12) *Resolved*, To recommend that when a vessel enters a port a bulletin be posted aboard to inform the passengers as to the quarantine requirements and the laws and regulations upon which the same are based.

(13) *Resolved*, To recommend to the signatories of the Convention of Washington that they so adjust their quarantine regulations as to make them conform with the requirements of said convention.

(14) *Resolved*, To recommend that those countries having quarantine restrictions against vessels from another country, maintain aboard such vessels sanitary physicians with the necessary technical knowledge.

(15) *Resolved*, To recommend that all vessels carrying passengers or immigrants be provided with the necessary equipment for disinfection.

(16) *Resolved*, To recommend that in the disinfection of vessels controls be employed in order to determine the efficacy of the operation.

(17) *Resolved*, To recommend that all vessels carrying passengers be provided with sufficient hospital space for the sick, and accommodations for the isolation of those suspected of, or those suffering from transmissible diseases.

(18) *Resolved*, That the international information committees of the American Republics, in addition to the duties imposed by previous conferences, shall inform their governments of the obligations contracted in each international sanitary conference in which they have been represented, or of obligations specially ratified.

(19) *Resolved*, That in order to consider an individual immune to yellow fever he must have had an attack of that disease, which fact must be certified to by the sanitary authority of the port of departure.

(20) *Resolved*, (a) To recommend that the construction of waterworks and sewerage systems, as well as the management of the same, be under the control of the state or municipality and under no circumstances be the subject of private gain; and (b) that the selection of potable water supplies for urban districts be made by hygienists and engineers in accord, giving due attention to a study of the watershed and the possibility of pollution.

(21) *Resolved*, That the governments here represented should always give preference when undertaking sanitary works to those cities or ports where there exist exotic diseases or infectious-contagious diseases of grave character.

(22) *Resolved*, To reiterate the recommendation of the Third International Sanitary Conference, held in the City of Mexico in 1907, to promote the enactment of laws relative to obligatory vaccination and revaccination against smallpox.

(23) *Resolved*, That all passengers from cholera-infected districts, or who may have been in contact with those infected with cholera, shall be subject to a bacteriological examination of their stools, and to sanitary observation so long as the cholera bacillus is present therein. That convalescents from an attack of cholera shall be kept under observation until the cholera bacillus has disappeared from the stools.

(24) *Resolved*, That the sanitary report to be presented by each delegation at future conferences be handed to the secretary in printed form and in sufficient number to be distributed among the delegates at the preliminary session.

(25) *Resolved*, To recommend that the Sixth International Sanitary Conference include in its program the study of epidemic cerebrospinal meningitis and acute poliomyelitis.

(26) *Resolved*, To reiterate the recommendations made by previous sanitary conferences upon the methods of prophylaxis against plague, insisting specially on the destruction of rats, on land as well as on board vessels.

Some of the above resolutions are considered of special interest, and a few observations thereon will not be out of place. They will be referred to by their numbers.

(1) This is of importance with special reference to the representative character of the delegates appointed by the various Governments to represent them.

(2) The object of the second resolution is to secure unity of action between the information commissions of the several Republics, the International Sanitary Committee of Montevideo, and the International Sanitary Bureau of Washington.

(3) The third resolution is of great importance and its object is the amendment of the Washington convention of 1905. It is the result of a number of resolutions offered by the delegates and of criticisms of the present convention made in the discussions in committee and before the conference. It is apparent that the convention of Washington must be amended in various ways, but especially with reference to cholera, plague, and yellow fever, and it is the intention of the resolution that the International Sanitary Bureau of Washington study and propose definite amendments to the Washington convention, the same to be presented to the Sixth Sanitary Conference at Montevideo for action or adoption ad referendum.

(11) The eleventh resolution relative to the establishment of permanent tuberculosis commissions in the several Republics, and empowering the International Sanitary Bureau of Washington to urge the formation of such commissions through the diplomatic representatives of said Republics in Washington, is worthy of attention in view of the great mortality from tuberculosis and the present world-wide movement to control this disease.

(19) It was maintained by the writer that immunity against yellow fever should not be recognized in quarantine practice. The resolution as adopted does not require that the certificate of immunity be accepted by the interested party, and the writer does not believe that such certificate should be accepted unless vouched for by competent authority.

(20) This resolution, while not of international importance, is in line with the best progressive ideas on the control by government of those factors which have to do largely with the public health.

(23) This resolution puts in practice the precautions taken by the Public Health and Marine-Hospital Service of the United States during the recent outbreak of cholera in Europe and its appearance in the port of New York. In a general way it is contrary to the provisions of the Convention of Washington and is, therefore, one of

the important points to be considered by the International Sanitary Bureau when it undertakes the study of the modification of the Washington convention.

(24) This resolution is of value in order to facilitate the work of the conferences. The report of each delegation should be printed and in sufficient number, so that it may be distributed to the other delegates and to the press. This would lead to a better appreciation of the work presented and to more intelligent discussion. Several of the delegations at the conference had their reports in this form.

Great credit is due Dr. Alejandro del Río, the president, and Dr. Gregorio Ammunátigui, the secretary of the conference, for the work of organization and the admirable way in which they handled the sessions of the conference, which in point of nationalities represented surpassed all others, and in the importance of the resolutions adopted compares favorably with any.

The visiting delegates were the recipients of every courtesy and the utmost hospitality from the Chilean authorities and the people in general.

The appreciation and thanks of the United States delegation are also due to the American minister, Mr. Henry P. Fletcher, and the American consul in Valparaiso, Mr. Alfred A. Winslow, for many courtesies extended.

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## OPHTHALMIA NEONATORUM.

The records of institutions for the blind show that from 23 to 35 per cent of the inmates have become blind as a result of ophthalmia neonatorum. This is an index, however, only of those who have been made totally blind by the disease. There are at least an equal number of persons who have had their vision impaired to a greater or less degree. The control of ophthalmia neonatorum is especially worthy of attention, as experience has shown that in most cases at least the disease can be prevented by the use of prophylactic measures on the part of the physician or midwife. When cases do develop, the recognition of the seriousness of the affection and the employment of proper treatment will in many instances prevent the loss of vision.

Many of the States have recognized in various ways the need of measures to control the disease. Some have issued instructions regarding the proper methods of prophylaxis and some also furnish packets containing preparations of silver salts for use in the eyes of the new born. The disease is notifiable to the health authorities in the same way as other diseases in Connecticut, Massachusetts, Minnesota, Nebraska, New York, Oregon, South Carolina, Utah, Vermont, and Wisconsin.<sup>1</sup> In certain other States cases are required to be reported by the nurse, midwife, or parents, to the health department only when no physician is in attendance. In these instances no report is required of physicians. In other States reports of cases are to be made by the nurse or other person in charge of the

<sup>1</sup> Public Health Bulletin No. 45, A Digest of the Laws and Regulations of the Various States Relating to the Reporting of Cases of Sickness. Public Health and Marine-Hospital Service, 1911.

Public Health Bulletin No. 49, Ophthalmia Neonatorum, An Analysis of the Laws and Regulations Relating Thereto in Force in the United States. Public Health and Marine-Hospital Service, 1911.